

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10585469

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7		2		1		
8		2		1		
9		2		1		
10		2		1		
11		2		1		
12		2		1		
13		2		1		
14		2		1		
15		2		1		
16		2		1		
17		2		1		
18		2		1		
19		2		1		
20		2		1		
21		2		1		
22		2		1		
23		2		1		
24		2		1		
25		2		1		
26		2		1		
27		2		1		
28		2		1		
29	1		1			
30		1		1		
31		1		1		
32		1		1		
33		1		1		
34		1		1		
35		1		1		
36		1		1		
37		1		1		
38		1		1		
39		1		1		
40		1		1		
41		1		1		
42		1		1		
43		1		1		
44		1		1		
45		1		1		
46		1		1		
47		1		1		
48		1		1		
49		1		1		
50		1		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		8		1		
52		8		1		
53		8		1		
54		8		1		
55		8		1		
56		8		1		
57		8		1		
58		8		1		
59		8		1		
60		8		1		
61		8		1		
62		8		1		
63		8		1		
64		8		1		
65		8		1		
66		8		1		
67		8		1		
68		8		1		
69		8		1		
70		8		1		
71		8		1		
72		8		1		
73		8		1		
74		8		1		
75		8		1		
76		8		1		
77		8		1		
78		8		1		
79		8		1		
80		8		1		
81		8		1		
82		8		1		
83		8		1		
84		8		1		
85		8		1		
86		8		1		
87		8		1		
88		8		1		
89		8		1		
90		8		1		
91		8		1		
92		8		1		
93		8		1		
94		8		1		
95		8		1		
96		8		1		
97		8		1		
98		8		1		
99		8		1		
100		8		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						